FORM D

RECEIVED





NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1406639

OMB Number: 3235-0076
Expires: April 30, 2008
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SEC USE	ONLY					
Prefix	Serial					
DATE RECEIVED						
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Limited Partnership Interests in Kensico Associates, L.P. Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Kensico Associates, L.P. Address of Executive Offices Telephone Number (including Area Code) (Number and Street, City, State, Zip Code) c/o Kensico Capital Management Corp. (203) 862-5800 55 Railroad Avenue, 2nd Floor Greenwich, CT 06830 Telephone Number (including Area Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) **Brief Description of Business** Private investment fund. Type of Business Organization ⊠limited partnership, already formed corporation other (please specify): Ilimited partnership, to be formed business trust Year Month ■ Estimated Actual or Estimated Date of Incorporation or Organization: 1 2 9 9 ☑ Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: D E CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Х of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General Partner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner Full Name (Last name first, if individual) Kensico Capital, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Kensico Capital Management Corp., 55 Railroad Avenue, 2nd Floor, Greenwich, CT 06830 ☐ Director Managing Member of the General Check Box(es) that Apply: Promoter Beneficial Owner □ Executive Officer Partner Full Name (Last name first, if individual) Lowenstein, Michael Business or Residence Address (Number and Street, City, State, Zip Code) c/o Kensico Capital Management Corp., 55 Rallroad Avenue, 2nd Floor, Greenwich, CT 06830 ☐ Director Managing Member of the General Check Box(es) that Apply: Promoter ☐ Executive Officer ☐ Beneficial Owner Partner Full Name (Last name first, if individual) Coleman, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) c/o Kensico Capital Management Corp., 55 Railroad Avenue, 2nd Floor, Greenwich, CT 06830 ☐ Director ☐ General and/or Managing Partner ☐ Beneficial Owner Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Managing Partner □ Executive Officer ☐ Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) □ Executive Officer ☐ General and/or Managing Partner ☐ Beneficial Owner ☐ Director Check Box(es) that Apply: □Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Check Box(es) that Apply: □Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Managing Partner ☐ Beneficial Owner ☐ Executive Officer ☐ Director Promoter Check Box(es) that Apply: Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				. <u>-</u>	B. INFO	RMATIC	N ABOU	T OFFE	RING		· · · · · · · · · · · · · · · · · ·			
1. Has th	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes □	No ⊠					
					Answer also	in Append	lix, Columr	2, if filing	under ULO	E.				
2. What	. What is the minimum investment that will be accepted from any individual? *Subject to the discretion of the General Partner								\$ 5,000	*000				
	Does the offering permit joint ownership of a single unit?							Yes	No					
J. Ducs	aic offering	, permit join	11 0 11 11 11 11 11 11	y or a small	J 41111		,,,,,,,,,,,,,,,,,,							
remur persor five (: only.	neration for n or agent o 5) persons to	solicitation f a broker of o be listed a	of purchase or dealer reg ure associate	ers in conne istered with	ection with the SEC a	sales of sec nd/or with:	urities in the a state or st	e offering. ates, list the	If a person name of the	to be listed to broker or	nission or si is an assoc dealer. If t broker or d	iated nore than		
Full Name (I N/A	ast name fi	rst, if indiv	idual)											
Business or I	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)								
Name of Ass	ociated Bro	ker or Deal	er										,	
States in Wh	ich Person I	Listed Has	Solicited or	Intends to	Solicit Purc	hasers				······				
(Check	"All States	" or check i	ndividu al S	tates)				•••••••••	••••••••••	🗆	All States			
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	(CT) (ME) [NY] (VT)	[DE] [MD] [NC] [VA]	(DC) (MA) (ND) (WA)	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] (MO) [PA] [PR]		
Full Name (L Business or I			•	treet, City,	State, Zip (Code)	_						·	
Name of Ass	ociated Bro	ker or Deal	ет											
States in Whi	ich Person I	Listed Has	Solicited or	Intends to	Solicit Purc	hasers								·
(Check "All S	States" or cl	heck individ	Jual States)								All States			
[AL) [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	(AZ) (IA) (NV) [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	·	
Full Name (L	ast name fi	rst, if indiv	idual)											
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name of Ass	ociated Bro	ker or Deal	er											
States in Whi	ch Person I	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers								
Check "All S	States" or cl	heck individ	lual States).		**1*************						All States			
(AL) (IL) (MT) (RI)	[AK] [IN] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM]	[CT] [ME] [NY] [VTI	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH]	(GA) [MN] [OK] [WI]	(HI) [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	S	s
Equity	***	s
		<u> </u>
	s	s
		\$ 289,215,757
•		S
		\$ 289,215,757
	4 1,000,000,000	4207,210,707
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	70	\$ 289,215,757
Non-accredited Investors		
Total (for filings under Rule 504 only)		S
Answer also in Appendix, Column 4, if filing under ULOE.		
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		s
Regulation A		S
Rule 504		s
Total		S
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		s
Printing and Engraving Costs		S
Legal Fees	☒	\$ 100,000
Accounting Fees		\$
Engineering Fees		S
Sales Commissions (specify finders' fees separately)		S
		s
Total	⊠	\$ 100,000
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box Type of Security Debt Equity Common Preferred	"O' if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security S Equity S Convertible Securities (including warrants) S Partnership interests S 1,000,000,000 Other (Specify) S Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Accredited Investors 70 Non-accredited Investors 70 Non-accredited Investors 70 Non-accredited Investors 70 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 504 Total Total

	C. OFFERING PR	ICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS		
4.		Tering price given in response to Part C - Question 1 and total ion 4.a. This difference is the "adjusted gross proceeds to the		\$ 999,900,000	
5.	the purposes shown. If the amount for any purpo	proceeds to the issuer used or proposed to be used for each of use is not known, furnish an estimate and check the box to the sted must equal the adjusted gross proceeds to the issuer set			
			Payments to Officers, Directors, & Affiliates	Payments To Others	
	Salaries and fees		<u></u>	□ s	
	Purchase of real estate		S	□s	
	Purchase, rental or leasing and installation of ma	chinery and equipment	🗆 S	□ \$	
	Construction or leasing of plant buildings and fa-	cilities	<u> </u>	□ \$	
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass pursuant to a merger)		s	□s	
	Repayment of indebtedness		🗆 \$	□ s	
	Working capital		🗆 s	□ \$	
		expenses and activities necessary, convenient or incidental	□ s	☑ \$ 999,900,000	
	Column Totals		🗆 S	⊠ \$ 999,900,000	
	Total Payments Listed (column totals added)	🛮 🖾 \$ 999,9	☑ \$ 999,900,000		
		D. FEDERAL SIGNATURE	·		
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	rsico Associates, L.P.	Marchae murerater Ju			
Name of Signer (Print or Type) Michael Lowenstein Managing Member of the General Partner of the Issuer					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

